

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038945
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 21 1963

38

3006

712

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u> | | c. CITY OR TOWN <u>SLATER</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>University of Mo Med Center</u> | | d. STREET ADDRESS (If outside, give location) <u>RR #2</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>HERMAN</u> Middle <u>George</u> Last <u>Tiemeyer</u> | | 4. DATE OF DEATH Month <u>10</u> Day <u>-16</u> Year <u>-63</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-31-77</u> |
| 9. AGE (last birthday) <u>85</u> | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> |
| 11. BIRTHPLACE (City and state or country) <u>ILLINOIS</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>HENRY TIEMEYER</u> | | 13b. MOTHER'S MAIDEN NAME <u>ANNA DECKER</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>NONE</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | | 17. INFORMANT <u>UNIVERSITY OF MO MED RECORDS / Columbia, Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>POSTERIOR MYOCARDIAL INFARCTION</u> DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c) <u>-</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>UPPER GASTROINTESTINAL HEMORRHAGE, ETIOLOGY UNKNOWN</u> | | | |
| PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>-</u> a.m. <u>-</u> p.m. <u>-</u> Month, Day, Year, <u>-</u> | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from <u>5:00 10/3/63</u> to <u>10/16/63</u> and last saw him alive on <u>10/16/63</u> Death occurred at <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Arthur L. Crook M.D.</u> | | 22b. ADDRESS <u>UMMC Columbia Mo.</u> | 22c. DATE SIGNED <u>10/16/63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 23b. DATE <u>10-16-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL LUTHERAN CEM</u> | 23d. LOCATION (City, town, or county) (State) <u>MARSHALL, MISSOURI</u> |
| 24. FUNERAL DIRECTOR <u>PARKER FUNERAL SERVICE, COLUMBIA, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>OCT. 16 1963</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. W. Phillips
4897

Licensed Embalmer No.

P. O. Address

Columbus, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.